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jc542 U.S. PTO  
09/461646

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PATENT  
Attorney Docket No. FIBRO1130

Box Patent Application  
Assistant Commissioner For Patents  
Washington, D.C. 20231

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MIKHAIL BAYLEY

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Mikhail Bayley  
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Sir:

Transmitted herewith for filing is the new provisional-to-utility patent application of:

Inventors: **GARY R. GROTENDORST and THOMAS B. NEFF**

For: **CONNECTIVE TISSUE GROWTH FACTOR FRAGMENTS AND METHODS  
AND USES THEREOF**

Enclosed are all of the following, including all documents required to receive a filing date under  
37 CFR § 1.53(b):

**52** pages of the Specification, which includes **2** pages of the claims; **1** page of the Abstract;

**8** Sheets of Drawings (informal);

**3** pages of Unsigned Declaration;

     A verified statement to establish small entity status under 37 C.F.R. 1.9 and 37 C.F.R. 1.27 (to  
be filed at a later date)

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Total fee of \$380.00 to be charged to Deposit Account No. 07-1895.

This application claims priority under 35 U.S.C. § 119(e)(1) to U.S. Provisional Application Serial Nos. 60/112,240, filed December 14, 1998 and 60/112,241, filed December 14, 1998, the contents of which are incorporated by reference in its entirety herein.

<i>FULL NAME OF FIRST INVENTOR</i>	<i>LAST NAME:</i> GROTENDORST	<i>FIRST NAME:</i> Gary	<i>MIDDLE NAME:</i> R.
<i>CITIZENSHIP</i>	<i>STATE OR FOREIGN COUNTRY:</i> USA		
<i>POST OFFICE ADDRESS</i>	<i>POST OFFICE ADDRESS:</i> 8735 SW 122 <sup>nd</sup> Street	<i>CITY AND STATE:</i> Miami , Florida	<i>ZIP CODE:</i> 33176
<i>FULL NAME OF SECOND INVENTOR</i>	<i>LAST NAME:</i> NEFF	<i>FIRST NAME:</i> Thomas	<i>MIDDLE NAME:</i> B.
<i>CITIZENSHIP</i>	<i>STATE OR FOREIGN COUNTRY:</i> USA		
<i>POST OFFICE ADDRESS</i>	<i>POST OFFICE ADDRESS:</i> 190 Glenwood Avenue	<i>CITY AND STATE:</i> Atherton, CA	<i>ZIP CODE:</i> 94027

0941346-121490

The filing fee has been calculated as shown below:

For	Number Filed		Number Extra		Rate			Fee	
					Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	14	-20 =	14	X	\$09	\$18	=		\$0.00
Independent Claims	2	- 3 =	2	X	\$39	\$78	=		\$0.00
Multiple Dependent Claims Presented: ___ Yes <u>X</u> No					\$130	\$260	=		\$0.00
BASIC FEE					\$380	\$760	=		\$380.00
					TOTAL FEE				\$380.00

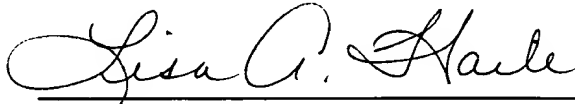
X The Assistant Commissioner is hereby authorized to charge the TOTAL FEE of \$380.00 and payment of the following fees or any other fees associated with this communication or credit any overpayment to Deposit Account No. 07-1895. A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 C.F.R. 1.16.  
Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

Date:

12/14/99



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